

E(1) 4112.41  
4212.41  
4312.41

CONSENT FOR DRUG/ALCOHOL TEST

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city, state, zip code)

Home Telephone: \_\_\_\_\_  
(Area code)

Applicant for the position of \_\_\_\_\_

I hereby consent and agree to give a specimen of my (urine or blood) to the examining physician, to be used to detect the presence of drugs, alcohol or medications in my body. I further consent and agree that upon request by Culver City Unified School District, the laboratory results of any tests performed on this specimen shall be furnished to the district by the laboratory. I have read and understand the foregoing statement and have answered all questions truthfully.

\_\_\_\_\_  
(applicant signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(telephone number)

Policy  
Adopted: February 7, 1995

CULVER CITY UNIFIED SCHOOL DISTRICT  
Culver City, California